Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: DeGuzman, Lydia	**CHAPTER 100.1**
Address: **94-293 Kahualena Street, Waipahu, Hawaii, 96797**	**Inspection Date: December 4, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute care giver #4- No evidence of initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute Care Giver #4 - The initial TB clearance has been obtained and properly filed with SCG information. (Copy attached)	12/06/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute care giver #4- No evidence of initial tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the PCG will obtain all required documentation from substitute care givers upon hire. The PCG will follow a checklist to be sure that all of the information and documents are properly filed and readily accessible for department review.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented response to antibiotic treatment of Amoxicillin 500 mg three times a day for 7 days, ordered on 11/21/19.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 - The progress notes for the month of November 2019 was properly documented to reflect the resident's response to the 7-day supply of antibiotic medication prescribed by physician on 11/21/2019.	12/04/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented response to antibiotic treatment of Amoxicillin 500 mg three times a day for 7 days, ordered on 11/21/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the plan of action shall be as follows: 1. If any changes to the condition of resident response to medication arises, I will note it in my monthly calendar. I will include resident's name, time of occurrence and type of occurrence. 2. In addition to my calendar, I will keep a separate journal which will include detailed descriptions of all occurrences. Observation upon completion of treatment will also be noted in my journal and I will update my monthly progress notes accordingly.	

Licensee's/Administrator's Signature: Lydia Deguzman

Print Name: LYDIA DEGUZMAN

Date: 1/5/2020

Licensee's/Administrator's Signature: Lydia Deguzman

Print Name: Lydia Deguzman

Date: 12-16-19